

Clinic Name: \_\_\_\_\_

Study ID:

*Office use only*

1<sup>st</sup> questionnaire

2<sup>nd</sup> questionnaire



## E-Freeze Emotions Questionnaire

Thank you for agreeing to be part of the E-Freeze study. We would really appreciate it if both you and your partner would each complete a questionnaire. All the information is confidential and your answers will not affect your treatment in any way.

As part of this study we would like to gain an insight into how you are feeling, in yourself and about the IVF treatment process.

When you have completed the questionnaire, please seal it in the envelope provided and return it to a member of staff. The envelope will not be opened by staff at your clinic.

Name: \_\_\_\_\_

Male

Female

Date of completion:

/   /



**National Institute for  
Health Research**

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Health Technology Assessment Programme (project number 13/115/82)*

*For NPEU office use*

	Date	Initials
Received	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	
Logged	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	
1st entry	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	
2nd entry	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	

## How you are feeling?

1 How have you felt physically during the last couple of days? *Please tick one box*

Very well

Quite well

Neither well or unwell

Quite unwell

Very ill

2 How do you feel right now, at this moment?

Statements which people have used to describe themselves are given below. Read each one and then tick the appropriate box, **indicating how you feel right now, at this moment.**

*There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe your present feelings best.*

	Not at all	Somewhat	Moderately so	Very much so
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel strained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 statement questions were included in the E-Freeze Emotions Questionnaire

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**3 Overall, how satisfied or dissatisfied have you been with the process of IVF treatment so far? Please tick one box**

Very satisfied    Satisfied    Neither satisfied or dissatisfied    Dissatisfied    Very dissatisfied

**4 Is there is anything else you would like to tell us about how the process of IVF has made you feel? Please add your comments here.**

**THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE**

**E-Freeze Trial**

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